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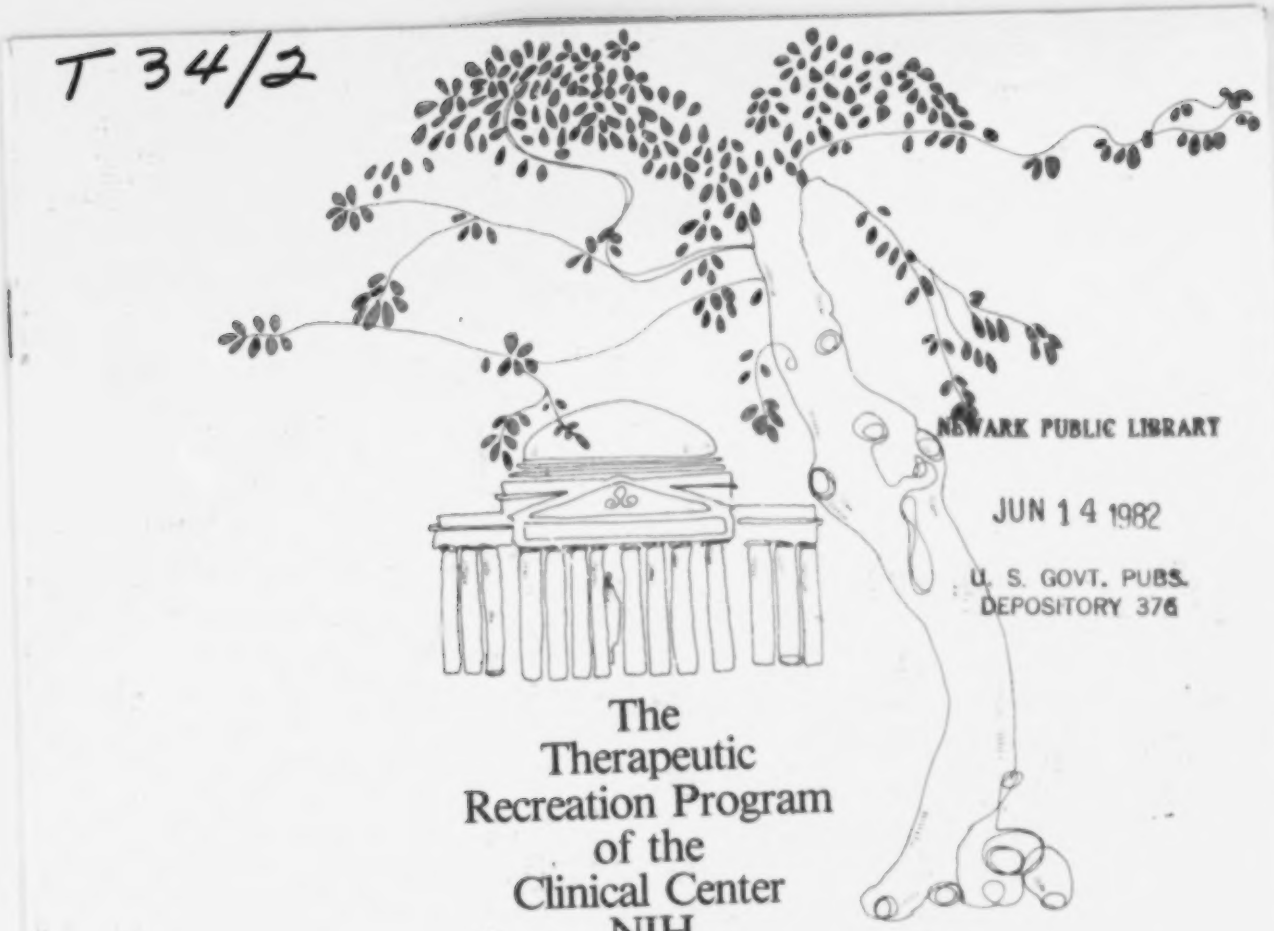

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The Therapeutic Recreation Program of the Clinical Center NIH

THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Public Health Service National Institutes of Health

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The therapeutic recreation program is as varied as the patients themselves. Activities, whether sophisticated or simple, are designed to involve all patients—infants, children, adolescents, and adults, in- and outpatients, in large, intermediate, and small groups, as well as one-to-one bedside recreation. All activities are voluntary, and approximately 86% of the patients are involved in some aspect of the program.

THE HOSPITAL

The Clinical Center is a 14 story building designed to have the same amount of space for basic research laboratories as for patient care so that new findings of biomedical research can move quickly from the laboratory to patient care. It takes approximately 1,700 support personnel and more than 600 patient-care physicians to maintain the hospital, its patients, and its medical research. Adjoining the Clinical Center is a 14 story Ambulatory Care Resarch Facility housing outpatient clinics joined to the similar in-patient units of the Clinical Center.

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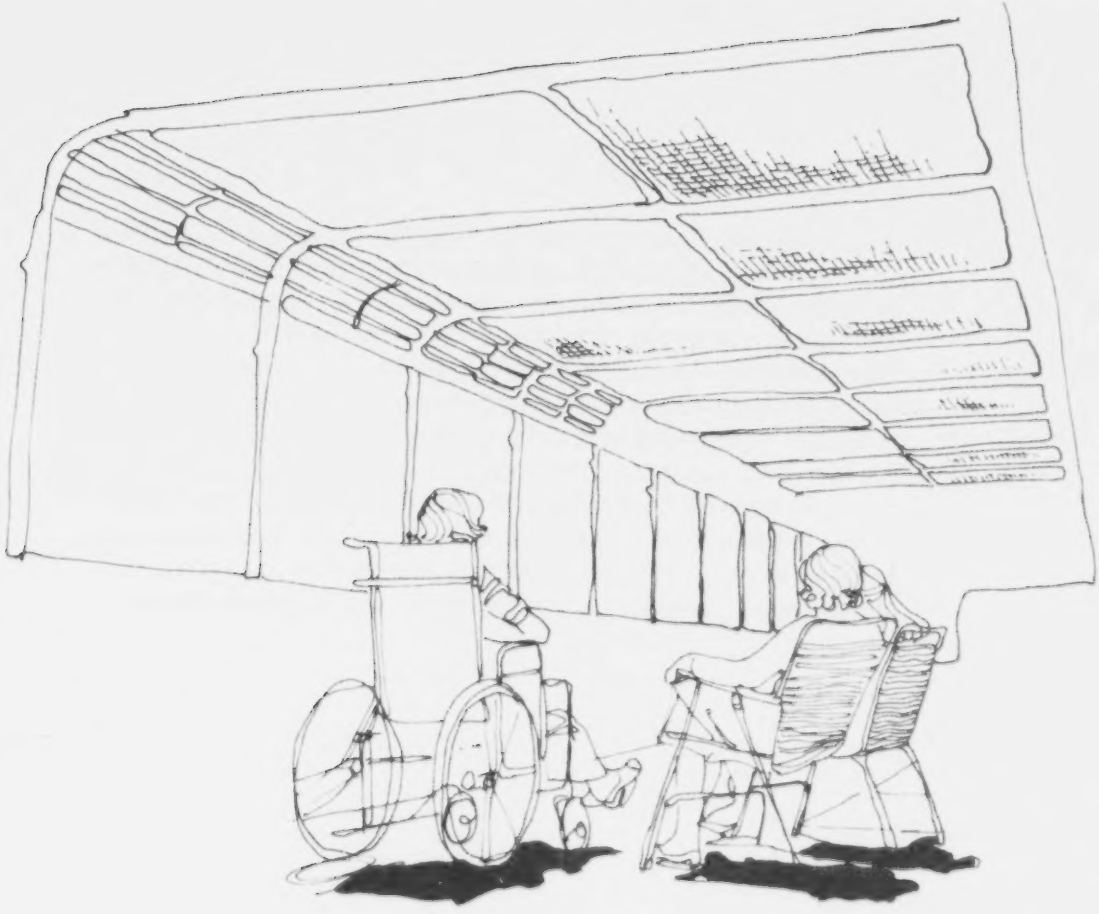


THE PATIENTS

Patients are referred to the Clinical Center by physicians from all 50 states and from all over the world as well. All patients are carefully evaluated and selected for specific studies so that physician researchers can examine the causes and improve the treatment of their illnesses. All treatment and services are free, except for patient's transportation to and from the hospital. Clinical Center patients are a spectrum of humanity—young, old, rich, poor, healthy, dying, and everything in between. They range from "Normal Volunteers," that is, healthy patients who come to the hospital so that physicians can ascertain normal values, to patients who suffer from such chronic and acute illnesses as arthritis, stroke, epilepsy, metabolic, neurological, endocrine disorders, cancer, mental illness, heart disease, and infectious diseases.

A Clinical Center Therapeutic Recreation Specialist may be required to motivate a hypertensive 45-year-old lawyer from Massachusetts, a 14-year-old girl from Florida who has arthritis, a 21-year-old Mexican youth who suffers from Hansen's disease, a 33-year-old housewife from Kentucky who experiences seizures, a lonely teacher from Turkey who has familial Mediterranean fever, or an 11-year-old boy who is dying of leukemia. This is representative of our average patient group.

THE THERAPEUTIC PROGRAM

The therapeutic recreation program of the Patient Activities Department is an important component of patient care at the Clinical Center, a 500 bed research hospital and adjoining ambulatory care research facility located in Bethesda, Maryland. The hospital was opened in 1954 and is supported by the National Institutes of Health, an agency of the U.S. Department of Health and Human Services. The fact that the Clinical Center is devoted to biomedical research affects all aspects of the therapeutic recreation program at this hospital.

Because every patient at the Clinical Center is on some research protocol, the Patient Activities Department has designed a Recreation Referral Consult Form which is part of the patient's permanent medical record.* The Form is completed and signed by the patient's attending physician, and is essential to the Therapeutic Recreation Specialist's planning for each patient.

*This form provides a short medical profile of the patient's needs and abilities, and allows the opportunity for written feedback from the T.R. Specialist.

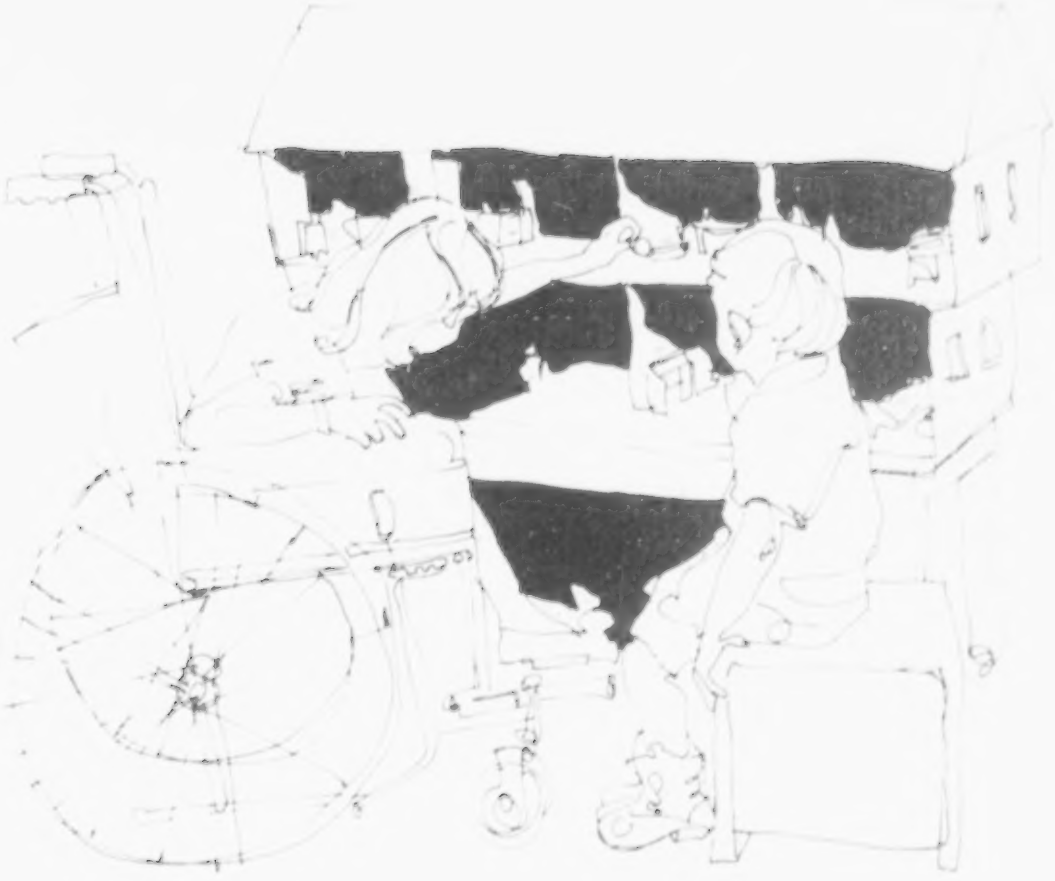
Any planned activity must accommodate such appurtenances of medical research as intravenous (I.V.) trolleys, sweat studies, Laminar Air Flow units, and/or meticulously controlled diets. The Laminar Air Flow units, for example, present special problems to the Therapeutic Recreation Specialist. Patients are isolated in these rooms due to the need for a protected environment during the administration of intensive chemotherapy. Everything that goes into the patient's room must be sterile, therefore, the recreator not only designs appropriate activities for the patient, but must find out if the materials—crafts, games, books, musical instruments—*can* be sterilized and then make sure that these materials are sterilized. Types and quantities of recreation supplies must be anticipated well in advance due to the time necessary to complete the sterilization process. Because patients in these units feel a peculiar sense of isolation, contact by recreation staff is an essential daily personal ingredient to the appropriate care of these patients.

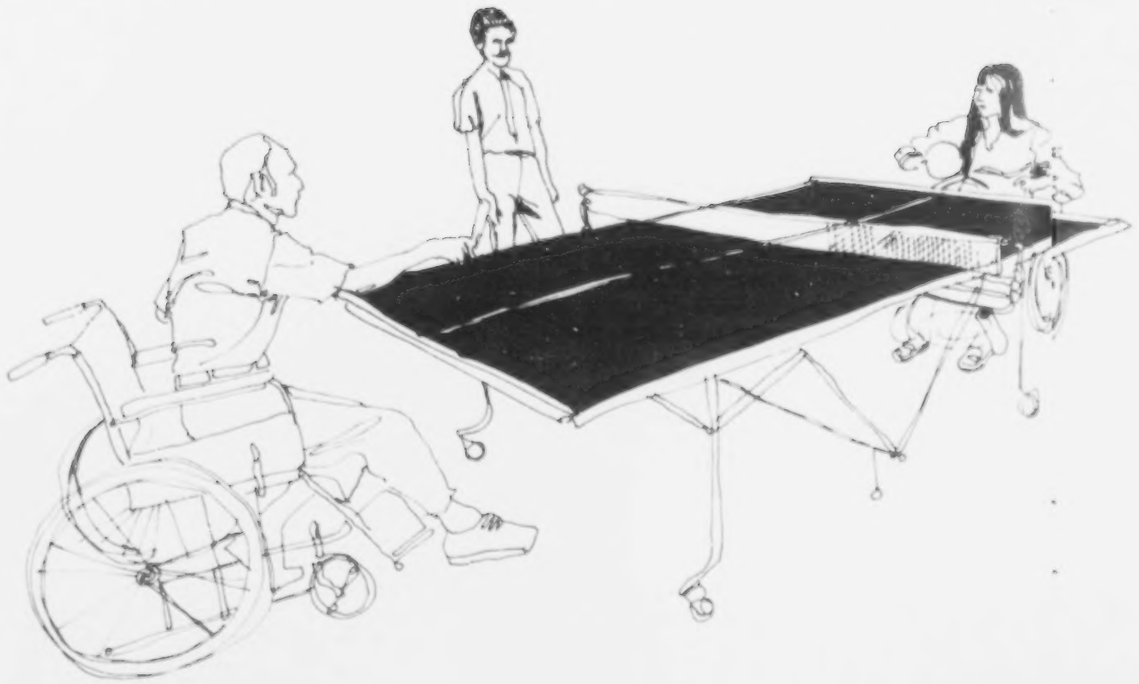
Other research projects place other demands on the Therapeutic Recreation program. Patients on a sweat study obviously cannot take part

in active sports, but neither can they go for walks or on sightseeing trips because they cannot leave the controlled environment of the hospital without disrupting the research study. Therefore, the Clinical Center recreator must plan recreation activities that will rechannel the patients' physical energies to other, more appropriate activities that will satisfy both the patients' recreation needs and meet the requirements of the research protocol.

Finally, in addition to the regular in- and outpatients, there is a special group of 50 to 70 outpatients who live in a motel which is leased exclusively for them approximately 3 miles from the hospital. During stays that range from one day to 8 weeks, these patients come from the motel to the hospital for treatment and evaluation in the outpatient clinics. The recreation program provides the same range of activities in the motel as it does for in-house patients: social activities (Xmas parties and other holiday celebrations), movies, sightseeing, shopping trips, concerts, sport events, theatre, and other planned recreational activities.

The Patient Activities Department staff plans many small group activities that must also conform to research requirements and to the varied interests of the patients. A few examples of the latter will suffice: a current events discussion group led by a patient who has a degree in International Relations, a Classic Horror Film Festival, a workshop in macrame, an Indian-lore lecture and demonstration for younger patients, a lecture, "Is the Moon Made of Green Cheese?" by a geophysicist from a local university, and a series of Jacques Cousteau films. One-to-one activities is another important component of the Patient Activities Department therapeutic recreation program. For example, a patient with amyotrophic lateral sclerosis who could only blink one eye and move his left big toe was able to play chess with three opponents by mail through a set of signals that he and the recreator devised; a hyperactive 10-year-old for whom the recreator provided opportunities to run, kick, and punch gradually became able to work quietly with the recreator for 15 minutes at a time.





FACILITIES AND RESOURCES

The 14th floor of the Clinical Center is the physical nucleus of the therapeutic recreation program. There is a gym equipped for adapted sports, an assembly hall, a solarium, two sun decks that run the full length of the building, and the PAD office.* All areas are geared for both planned and spontaneous activities and are open to all Clinical Center patients, their relatives, and guests. Fully equipped playrooms and small recreation areas, as well, are located throughout the hospital in the "unit-bedside" areas and are staffed by Patient Activities Department personnel. Outdoor facilities include a playground, picnic area, tennis courts, and a ball diamond. Bikes, trikes, roller skates, musical instruments, tape recorders, records, record players, typewriters, and sewing machines are also available to the patients.

*Facilities in the Ambulatory Care Research Facility include a children's playroom, an arts and crafts room, a game room (equipped with various electronic games), a reading room, and a lighted outdoor playground/garden/picnic area.

In addition to the facilities of the Clinical Center, the Washington metropolitan area offers a wealth of historical, scenic, theatrical, and educational opportunities and greatly enriches the therapeutic recreation program. Thus, the program includes visits to the U.S. Congress and Capitol, the White House, the Smithsonian Institution, the National Gallery of Art, Great Falls on-the-Potomac, the Kennedy Center for the Performing Arts, and many other area landmarks.

THE STAFF

The staff is composed of full-time Therapeutic Recreation Specialists who have degrees in recreation or some related field, as well as part-time Recreation Aides and Assistants. These part-time Aides and Assistants come from local colleges and universities with recreation as their major interest area. The Patient Activities Department offers accredited field work and postgraduate internships in Therapeutic Recreation through colleges and universities. Patient volunteers and volunteers from the metropolitan area are valuable adjuncts to the staff. Patient volunteers are particularly important: many have special talents and training as, for example, the patient who has led the current affairs discussion group. They become involved, and once involved, they become an integral part of a program.

The Patient Activities Department of the Clinical Center has especially designed therapeutic recreation programs to meet the requirements of medical research while providing the patients with the maximum opportunity to develop physically, emotionally, socially, and intellectually so that they can lead more satisfying lives.

PROGRAM GOALS

To educate or re-educate the patient in the constructive use of his leisure, during hospitalization and after discharge.

To eliminate boredom, and as a result, to help alleviate stress and anxiety.

To introduce a variety of new recreation and cultural opportunities to the patient.

To help the patient regain or reinforce his self esteem through recreation.

To provide emotional and psychological support to the patient and his family.

To adapt leisure activities for the patient, based on his physical and emotional needs, and on his individual research protocol.

To continue as much as possible the patient's normal leisure activities during periods of hospitalization.